# 117000216820

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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## **COVER LETTER**

<b>TO:</b> New Filing S Division of C			
WIRFLE	SS FREEDOM V LLC		
SUBJECT:	(Name of Res	sulting Florida Limited	ed Company)
		<del>-</del>	on, and fees are submitted to convert an "Othe" in accordance with s. 605.1045, F.S.
Please return all corr	espondence concernin	g this matter to:	
DANIEL PEREZ			
WIRELESS FREEDOM	(Contact Person)		
1083 W 29TH ST	(Firm/Company)		
	(Address)		
HIALEAH, FL 33012			
OANIELITOPB@GMA	City, State and Zip Code) IL.COM		
E-mail Address: (to b	pe used for future annual re	port notifications)	
For further informati	on concerning this ma	tter, please call:	
DANIEL PEREZ	J	-	889-8978 )
(Name of Conta	act Person)	(Area Code)	(Daytime Telephone Number)
	or the following amou a bank located in the	,	rocessed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	□\$155.00 Filing Fees and Certificate of Status	□\$180.00 Filing Fe and Certified Copy	
STREET ADDRES	S:	MAILIN	NG ADDRESS:

**New Filing Section** 

P. O. Box 6327

Division of Corporations

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle

**New Filing Section** Division of Corporations

Clifton Building

## **Articles of Conversion**

For

## "Other Business Entity"

Into

### Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: WIRELESS FREEDOM V CORPORATION POLYLYS
(Enter Name of Other Business Entity)
FLORIDA PROFIT CORPORATION  2. The "Other Business Entity" is a
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
FLORIDA
First organized, formed or incorporated under the laws of
09/21/2017 on
on (date of organization, formation or incorporation)
WIRELESS FREEDOM V LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)
<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
5. The plan of conversion has been approved in accordance with all applicable statutes.
6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

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<u>gnature of Authorized Re</u>			oany:
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gnature of Authorized Reprinted Name: <u>DANIEL PE</u>	REZ	Title: MGR	
gnature(s) on behalf of Oth	<i>i</i>		
ignature: RENIER LOPEZ	Les		
rinted Name: RENIER LOPEZ	·./	Title: P	, de -
ignature:		Vb	
rinted Name: DANHEL PEREZ		Title: <u>VP</u>	_
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Florida Corporation:	n ( 15)	CV CV	
ignature of Chairman, Vice C			
Directors or Officers have no	ot been selected, an in	corporator must sign.	
Florida General Partnersh	ip or Limited Liabil	ity Partnership:	
ignature of one General Partn		<del></del>	
f Florida Limited Partnersh	in ar Limited Liabili	ty I imited Partners	hine
ignatures of <b>ALL</b> General Pa		Cy Emilied Faithers	шр.
ignatures of ALL Ocheral Pa	ruicts.		

All others: Signature of an authorized person.

Fees:

Articles of Conversion:

\$25.00

Fees for Florida Articles of Organization:

\$125.00

Certified Copy:

\$30.00 (Optional)

Certificate of Status:

\$5.00 (Optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

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(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

### **ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	<u>Mailing Address:</u>	
1083 W 29TH ST	1083 W 29TH ST	
HIALEAH, FL 33012	HIALEAH, FL 33012	
	<del></del>	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

DANIEL PEREZ	
	Name
1083 W 29TH ST	
Florida street address	s (P.O. Box <u>NOT</u> acceptable)
HIALEAH	FL 33012
City	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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as provided for in \$.817.155, F.S.

DANIEL PEREZ

. The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	DANIEL PEREZ 1083 W 29TH ST HIALEAH, FL 33012
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the

Typed or printed name of signee

Filing Fees

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional) \$5.00 Certificate of Status (Optional)